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TRIP REPORT

NIGER

Margaret Parlato
January 10 - January 20, 1993

Peter Gottert
January 10-15, 1993

NUTRITION COMMUNICATION PROJECT

Academy for Educational Development
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ABBREVIATIONS

AED	Academy for Educational Development
AID	Agency for International Development
DEP	Direction d'Etude et Planification
FAO	Food and Agriculture Organization
HKI	Helen Keller International
KAP	Knowledge, Attitudes and Practices (Survey)
MOH	Ministry of Health
MSP	Ministère de la Santé Publique
NCP	Nutrition Communication Project
TACS	Technical Advisor for Child Survival
UNICEF	United Nation's Children's Fund
USAID	United States Agency for International Development
VAT	Village Animation Teams

EXECUTIVE SUMMARY

At the request of the USAID mission in Niamey, Margaret Parlato, Director, and Peter Gottert, Program Officer for the Nutrition Communication Project (NCP) at the Academy for Educational Development (AED), made a technical assistance visit to Niger from January 10 - 20 and January 10 - 15, respectively. NCP consultant, Dr. Hugues Koné joined Parlato and Gottert in Niamey on January 16 and 17 to present the results of the evaluation of the Mini-project.

The Niger Mini-project--being conducted by the Ministry of Health in coordination with Helen Keller International--ended on September 30, 1992. NCP has been anticipating a USAID/Niamey Mission buy-in for expanded Phase II activities in Tahoua Department. Funds are now expected to be available in March in 1993. In the interim, with the assistance of Dr. Hugues Koné, the director or CERCOM in Abidjan, NCP conducted a rapid evaluation of the Mini-project to assess the overall strategy implementation and management design. The evaluation also included an assessment of the impact of communication activities.

The principle goal of Parlato, Gottert and Koné's visit was to review the preliminary results of the evaluation with the Project Coordinating Committee and to initiate strategic planning for Phase II. With the assistance of USAID TACS Officer, Sylva Etian, and Helen Keller International's (HKI) director, Else Sanogo-Glenthoj, Parlato and Gottert worked with the Coordinating Committee throughout the week of January 11. The team identified objectives, target audiences, and communication channels; discussed the overall management structure for Phase II activities; and drew up a detailed activity plan through May. Following Gottert's departure, Parlato met with Radio Niger and graphic artists; developed a research plan and question guide for Phase II formative research; and worked with the Committee to draft an Implementation Plan for Phase II.

Parlato also joined HKI director, Else Sanogo-Glenthoj, in discussing the new HKI project with the director general of Health. As this project will be carried out in Tahoua Department, HKI and AED will continue to closely coordinate activities to maximize use of funds and impact.

I. INTRODUCTION

At the request of the USAID mission in Niamey, Margaret Parlato, Director, and Peter Gottert, Program Officer for the Nutrition Communication Project (NCP) at the Academy for Educational Development (AED), made a technical assistance visit to Niger from January 10 - 20 and January 10 - 15, respectively. NCP consultant, Dr. Hugues Koné joined Parlato and Gottert in Niamey on January 16 and 17 to present the results of the evaluation of the Mini-project.

II. NIGER

A. Background

The 21 month Niger Mini-project had its last scheduled intervention September 30, 1992. NCP has been anticipating a USAID/Niamey Mission buy-in for expanded Phase II activities. Funds are now expected to be available in March 1993. In the interim, with the assistance of Dr. Hugues Koné, the director or CERCOM in Abidjan, NCP conducted a rapid evaluation of the Mini-project to assess the overall process of strategy development and implementation. The evaluation also assessed the outcome of communication activities. The purpose of Parlato's and Gottert's visit to Niamey was to discuss the preliminary results of the evaluation and to initiate the strategy development process for Phase II. With the assistance of USAID TACS Officer, Sylva Etian, Parlato and Gottert worked with the Niger Project Team throughout the week of January 11. The team identified objectives, target audiences, and communication channels; discussed the overall organization of Phase II activities; and drew up a detailed activity plan through May. Following Gottert's departure, Parlato met with Radio Niger and illustrators, developed a research plan and question guide for a research group and worked with the committee to draft an Implementation Plan for Phase II. Dr. Koné presented the preliminary results of the evaluation to the group on Wednesday January 13. Appendix A lists the people who attended some or all of the meetings.

The most important outcomes of the meetings are discussed below.

B. Phase II objectives

As with the Mini-project, an emphasis on Vitamin A will link the project activities together in Phase II. The objectives of the Mini-project will be widened to address the problems associated with the quality and quantity of food eaten by children and pregnant and nursing women. Specifically, objectives are to:

1. Increase the consumption of products rich in Vitamin A by children between 6 months and 6 years and by pregnant and nursing mothers.

2. Increase the production of green vegetables by gardeners in the dry season.

3. Increase the number of snacks consumed by children under three years of age, especially

those that are rich in Vitamin A and calorie-dense.

4. Refine a nutrition communication strategy that can serve as a model for the National Vitamin A and other nutrition programs.

Beneficiaries, Target Audiences and Target Behaviors

The primary **beneficiaries** of Phase II activities will be the two groups at highest risk of suffering from Vitamin A deficiency: children from 6 months to 6 years and pregnant and nursing women.

Groups to be targeted with messages promoting behavior change are presented below along with examples of the behaviors each can be expected to perform.

1. Traditional leaders and government officials

   - Encourage the target behaviors and lend legitimacy to the communication program.

2. Heads of families and fathers

   - Buy 50 F of liver a week for their wives.
   - Buy healthy snacks at the market for their children
   - Give money to their wives to buy dark green leafy vegetables for sauces.

3. Women

   - Pregnant and nursing women: eat at least one Vitamin A-rich food per day according to the season. (Details for each season are given.)

4. Established Gardeners

   - Plant and water "tamaka" trees in the dry season.

5. School Children

   - Help parents gather dark green leaves.
   - Help supervise the feeding of 6-24 month babies.

6. Market Vendors (leaf, liver, etc.)

- Promote Vitamin A-rich food concepts.

Note: Appendix D contains a complete list of behavior changes that will be promoted.

Communication Channels

Phase II will employ a multi-channeled communication strategy. An overall goal of the strategy will be to create a communication environment that encourages the rural villager to adopt new nutrition behaviors. The following communication channels will be used:

- Community meetings: these meetings, to be conducted by project personnel, will inform traditional and administrative leaders of Phase II goals and request their support in facilitating the implementation of project activities. Cassettes discussing the target behaviors or other reminder media (highly visual poster-calendar).

- Outreach activities by government personnel:

  - Nutrition talks and counseling by health workers: draft nutrition education materials developed during the Mini-project will be finalized for use by health workers. Workshops will be organized to update the health worker's understanding of nutrition issues, reinforce their communication skills and teach techniques for using the materials effectively.

  - Promotion of dry season gardens by agricultural extension agents: this group will focus on motivating gardeners (mostly male) to expand an existing garden to include more traditional dark green leafy plants or to devote some existing space to Vitamin A-rich plants. Materials to help the extension agents transfer technical skills to gardeners will be developed. This group of agents will also be trained.

  - Primary school teachers: Lesson plans initiated during the Mini-project will be completed and introduced to teachers through a workshop. The lessons will feature culturally acceptable actions school-age students can carry out to improve family nutrition and include ideas for using the schools as a focal point for community activities.

- Community-based theater: based on the results of the Mini-project evaluation, community-based theater will be extended to approximately 50 villages. Because of the intensive effort needed to support this activity, no more than 30 percent of villages will receive this intervention.

- Radio broadcasts: a dramatic and interactive format will build on the most successful village theater productions, from Phase II to reinforce the impact of the other channels.

Intervention Zone

The project will intervene in four "Arrondissements" in Tahoua department. The selection of these "arrondissements" will be made following consultation between project team members and departmental authorities. The project will operate in approximately 120-150 villages, reaching a population of 250,000 people.

Partners

On the national level, the Ministry of Health, Division of Nutrition and Helen Keller International will remain the principle partners for Phase II activities. Collaboration with the National Health Education Service and the Ministry of Agriculture will be strengthened. The Ministries of Communication and Education will be associated for the implementation of selected activities.

In the Department of Tahoua activities will be organized through the Director of Health. Field activities will be carried out in collaboration with organizations which are implementing projects in the zones of intervention. Phase II will "piggyback" its activities to benefit from the structure provided by ongoing projects and to minimize expenses for training, supervision visits, etc. Two partners already identified are the HKI Vitamin A project, set to begin in January 1993, which will cover four "arrondissements", and the FAO-funded Vitamin A gardening project in Bouza which is working with 6 villages (population 20,000). Other organizations working in the department have been identified which might be potential partners. Final selection will be made following discussions with authorities in Tahoua.

"Sensibilisation" and "Animation" Villages

Villages that participate in project activities will be divided into two categories: "sensibilisation" and "animation."

- Sensibilisation: Approximately 70-100 villages will have outreach activities organized by health and agricultural agents and teachers.
- Animation: Approximately 50 villages have community-based theatre in addition to outreach activities.

Criteria for the selection of all villages:

- minimum population of 1,500 people
- availability of Vitamin A-rich vegetables either through gardens or a market.
- presence of an agricultural worker, teacher and/or a health worker in the village (in this order of preference).

- demonstrated motivation

- physical accessibility: a village should be accessible by road and the village must not be isolated from the rest of the project villages.

Project coordination

Tahoua: The evaluation pointed out the need to identify a person in Tahoua who will act as a liaison between Niamey, the Departmental director of Health and project villages.

Niamey: The technical committee will continue to coordinate the implementation of the project. The committee will receive administrative and technical assistance through HKI. As with the Mini-project, an HKI technical advisor will devote approximately 50% of his time to Phase II activities.

C. Action Plan for January-April

1. Visit to Tahoua (21-30 January)

Mrs. M. Mohamed and Mini-project Local Coordinator, Mr. Issa Camera will travel to Tahoua to present the project to authorities and discuss the following issues: selection of the four "arrondissements" and project partners and arrangements for a one day "Start-up" meeting in April to present the project goals and methodology to all collaborating parties.

2. Formative Research (February)

Consultant anthropologist Rebecca Popenoe, committee member Mrs. Mohamed and interviewers will conduct basic audience research to see if findings from Phase II villages hold true for new areas and to explore a number of very specific questions about targeted behaviors that arose in Phase II.

3. Development of support material (January - May)

Habou Kala of the Health Education Service will arrange to have photos taken of the key behaviors to be promoted. These photos will then be used to develop support materials. Guidelines for this were developed by Parlato while in-country.

4. Tahoua "Start-up" Meeting (April)

This one-day meeting will kick-off project activities.

Plans to collaborate closely with the FAO Vitamin A Production project during Phase II were

confirmed in discussions with FAO Program Officer George Codya and Chief of Party for the Bouza Project, Runesha Muderhwa, who met with the project team.

D. Information on Media Resources

Radio

Parlato accompanied the Comité Technique to visit the Office de Radio Télévision du Niger (ORTN) to discuss the status of the regional Tahoua Radio station; obtain information about drama groups working with the radio; and inquire about fees/arrangements for broadcasting social service programs.

All broadcasting is done from Niamey, with the exception of a Haussa-language programs broadcast from Zinder. The station covers a 70 kilometer radius. The Tahoua Regional station, being financed by the German government, will not be ready for at least another year. This means that the NCP-supported project should consider using Radio Sokoto, in Nigeria, the station with greatest listenership -- at least in Southern Tahoua -- in addition to ORTN. A quick survey of health workers/families will be needed to help guide station choice, since no good audience data exists.

ORTN gave peak listenership hours as those for the News at 13:00 and 20:00. Eighty percent (80%) of all broadcasts are in national languages.

Radio drama presently on the air is produced in Zinder in Djerma -- Theatre de Zinder. This popular program is aired at 13:30 on Sundays. The producer is Moumoni; ORTN chief Kouto Kouli is also a key figure in this production. (Another possible radio drama specialist is Hima Dum Dama, retired from ORTN and mentioned by several people as someone to contact.) Although the program is meant purely as entertainment, the troupe sometimes addresses educational themes. There is also a Sunday Haussa Theatre on radio at 15:00. Several people commented that the Haussa theatre is very strong, and that producer, Mr. Mahamare Bakabe now leading an effort to rejuvenate radio clubs, is one of the few Nigerians to produce feature-length films and to have won a prize for new films.

Recently, ORTN has been trying to generate revenues from air time. Even public service spots have had to pay, which has generated some friction. A schedule of rates in included in Appendix E.

There is presently a health program on the air (Thursdays 6:00 -6:45 a.m.), directed by Ibrahim Sow, who attended the FAO radio Workshop in Burkina and has met several times since with the Conseil Technique to discuss collaboration. There are apparently, also other health programs since there are separate programs for the major languages. The Haussa-language Health Program is developed and recorded from Maradi. A MOH person is assigned to ORTN do prepare the program. Unfortunately, the program prepared locally in Tahoua Department, where NCP will be working is, is the Fulani program. However, it is possible that the ORTN person could also

produce a Haussa program for the Department. This depends on his language as well as arrangements with ORTN. Although the audience for this program would be narrower than for a drama, nutrition segments could be incorporated without purchase of air time. Other possibilities suggested for building into existing programs is the "Femme et Développement" feature on Sundays at 11:30a.m.

Radio Clubs

Mrs. Bintou Mamane from the Comité Technique and Mrs. Sylva Etian also were part of the team that visited the radio club. The government has plans to reactivate Radio Clubs which were popular in Niger in the 1960s. Information provided for Tahoua Department, indicate that of the 16 centers on paper, there are presently only 3 radio club animators equipped and trained to collect radio material from their village; there are 3 listening centers (created with UNICEF support). These are located in Kao, Idouc, Gedikoma and Kalitaka). (Data from other regions show the following on the records -- although only a percentage are operational: Zinder 30, Dosso 18, Maradi 58, Diffa 3, Tilaberry 38, Agadez 10). UNICEF has been supportive of Radio clubs in Zinder, so one would expect a higher percentage of active groups there.

Initially, teachers were trained, but due to their frequent transfers, the program now seeks out, educated members of the community. UNICEF is recruiting women. The animators are given basic orientation, a radio receiver.

The organizers report that both men and women belong to the radio clubs.

Television

Discussions with the national family planning technical assistance team from University Research Corporation, indicated there is little experience in using this medium for social purposes. However, a series of t.v. spots was in production during the Parlato/Gottert visit, which will provide valuable information about reach and impact.

PRITECH, which has used television spots concluded that the medium was good for reaching men, especially in larger villages. Women have little exposure, as they can't go out and most television watching is communal.

Artists

Mr. Camara from HKI, Mr. Habou Kala from Health Education and Mrs. Parlato from AED reviewed the work of several artists. A visit was also made to the studios of the Centre Catholique, which produces and illustrates books and manuals; produces slide sets and develops film. The well-equipped facilities also include a nice radio studio, used to produce a regular religious radio broadcast. In addition, the Center has video production capability and an fully-equipped indoor studio. Outside commissioned work is done on a regular basis.

E. Ministry of Health

Two meetings were held with the Secretary General, Dr. Abdou Moha. In one Mrs. Parlato was invited by Mrs. Else Sanogo-Glenthoj to take part in the presentation of the new HKI project for government approval. Mrs. Parlato gave a short briefing on how NCP's support would be linked to the HKI effort.

The HKI project will be carried out in 4 districts of Tahoua Department (Birni N'Konni, Madaoua, Illela and Bouza) and 4 districts in Maradi (Guidan Roumji, Aguie, Dakoro and Mayahi). These are areas with a high prevalence of xerophthalmia. The intervention encompasses twice-yearly prophylactic distribution of vitamin A capsules and education to increase the consumption of vitamin A-rich foods. This last component was planned in conjunction with AED but because of delays in awarding funds to HKI, AED -- through the NCP-- re-designed its effort as the "Vitamin-A Mini-Project." This was recently completed and will serve as the basis for a Phase II.

HKI and AED will coordinate their activities closely to maximize impact. This will be especially important in the training, supervision and evaluation activities.

Dr. Moha later met with Mrs. Parlato to discuss the NCP project in greater detail. Mrs. Parlato also met with Dr. Guimba, Director of Maternal Child Health Services, to review the Evaluation results and plans for Phase II activities.

F. USAID

A debriefing was held on Wednesday January 20 with Dr. Carl Raman, Health, Population, Nutrition Officer; Dr. Nancy Keith, Child Survival Fellow and Mrs. Else Sanogo-Glenthoj, HKI Country Director.

We discussed the results of the Mini-Project Evaluation; plans to conduct Phase II in Tahoua Department, with HKI as the principal partner; and ways of ensuring coordination of the many USAID activities now taking place in Tahoua. Key points that came up include the following:

1. Dr. Raman expects to have the PIO/T for Phase II Vitamin A Promotion activities in Washington by mid-March and asked that we check in with Nancy Lowenthal about its progress.

2. USAID will focus efforts in Tahoua Department through the Quality Assurance Project (managed by University Research Corporation). This project will have a long-term advisor in Niamey (Laurie Winter) as well as one posted in Tahoua. The latter will have a budget and will focus technical assistance on improve the medical system. The focus will be on training, supervision, logistics, evaluation, monitoring. URC also manages the Measles Initiative in Niger, which is also focusing its efforts in Tahoua Department. Integration and coordination of various USAID-supported activities will be a major role.

Dr. Raman suggested that Mrs. Parlato contact Dr. Wayne Stinson at URC in Washington to discuss coordination of the different projects/organizations working in Tahoua with USAID-support. URC could lead this important coordination effort.

3. RD/N's cable requesting information on follow-up plans to the strategies developed at the International Conference on Nutrition was discussed. Mrs. Sylva Etian will be drafting a response in consultation with her colleagues at the MOH.

4. Nominations to attend the International Vitamin A Consultative Group meeting in Arusha were also discussed.

APPENDIX A

List of People Attending the Niger Evaluation Debriefing and Planning Sessions

FAO:	Mr. Georges Codja, Program Officer* Mr. Muderhwa Runesha, Chief Technical Officer, Bouza Vitamin A Project*
HKI:	Ms. Else Sanogo-Glenthoj, Country Representative* Mr. Issa Camera, Mini-Project Local Coordinator
NCP:	Mrs. Margaret Parlato, Director Mr. Peter Gottert, Niger Coordinator
MSP:	Mrs. Aissa Mamadoultaibou, the National Coordinator of the Mini-Project Mr. Habou Kala from the Health Education Service Mrs. Zeibabou Mohamed, DEP Mrs. Issoufou Lamissi Mrs. Mamane Bintou
USAID:	Ms. Sylva Etian, TACS Officer Ms. Nancy Keith, Director, Measles Initiative Program* Ms. Nancy Lowenthal*
Others:	Ms. Rebecca Poponoe*, Anthropologist

* Attended select meetings.

APPENDIX B

LIST OF CONTACTS - NIGER

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

USAID/Niamey
Department of State
Washington, D.C. 20520-2440
Telephone: (227) 73-35-08

Mr. Carl Abdou Rahmann	HPN Officer
Ms. Sylva Etian	TACS Officer
Ms. Nancy Lowenthal	Child Survival Officer
Dr. Nancy Keith	Measles Initiative Program Director

MINISTRY OF HEALTH

Tel: 72-33-07

Dr. Abdou Moha	Secretary General 72-27-82; 74-03-20 (h)
Dr. Aissata Diop Guimba	Director, Direction of Maternal and Infant Health (DSMI) 72-33-07; 72-23-19 (h)
Mrs. Aissa Mamadoultaibou	Nutrition Division
Mr. Habou Kala	DES (Health Education Division)
Mrs. Zeinabou Mohamed	DEP
Mrs Issoufou Lamissi	DSMI/MSP
Mrs. Mamane Bintou	DN/DSMI/MSP
Mr. Omar Mohamadou	Acting Director, Nutrition Division

HELEN KELLER INTERNATIONAL

HKI/Niger
B.P. 11728
Niamey, Niger
Telephone: 227-73-50-26

Ms. Else Sanogo-Glenthoj	Niger Representative
Mr. Issa Camara	Local Coordinator for Mini-Project 74-09-06 (h)

FAO

B.P. 11246
Niamey, Niger

Telephone: 227-72-29-62

Mr. Georges Codja	Progam Officer
Mr. Runesha Muderwa	Expert Advisor, Bouza Vitamin A Project

UNIVERSITY RESEARCH CORPORATION
FAMILY PLANNING IEC PROGRAM

Telephone: 227-73-56-46

Ms. Maria Wagner	IEC Advisor
Ms. Paulette Chanponnière	Training Advisor (H: 73-44-60)
Mr. Benedict Tisa	Consultant Media Specialist
Ms. Rebeca Poponoe	Consultant Anthropologist
Mrs. Germaine Dia	IEC Bureau, Division of Family Health, Ministry of Health

MISSION CATHOLIQUE
CENTRE AUDIO VISUEL

Telephone: 73-49-78

Mr. Gervais	Artist

L'OFFICE DE RADIODIFFUSION ET TELEVISION DU NIGER

B.P. 309 Niamey
Telephone: 72-24-08
Telex: RadioNig 5229NI
FAX: 72-35-48

Mr. Issa Habibou	Directeur Programme en Français

RADIO CLUBS

B.P. 605, Niamey

Mr. Mahamare Bakabe	Director
Mr. Abdou Zada	Realisateur
Mr. Hassane Balla Keita	Realisateur Zarma
Mr. Didibe Abdoulaye	Redacteur Documentaliste

PRITECH

Collette Geslin	Niger Coordinator 73-53-80 (h)

INDRAP

Telephone: 72-35-54 ext. 238

Mr. Mahadou Nadare Dessinateur

APPENDIX C

PHASE II IMPLEMENTATION PLAN

PHASE II : PROJET DE COMMUNICATION POUR LA NUTRITION (EXTENSION DU MINI-PROJET)

Objectifs :

Comme dans le mini-projet l'accent sur la vitamine A lie les différents objectifs du projet. Les objectifs du mini-projet ont été élargis pour adresser les problèmes liés a la qualité et la quantité de nourriture consommées par les femmes enceintes/allaitantes et enfants.

1. Augmenter la consommation des produits riches en vitamine A aux enfants de 6 mois à 6 ans et aux femmes allaitantes/enceintes.

2. Augmenter la production de feuilles vertes par les jardiniers de contre saison.

3. Augmenter la consommation de friandises aux enfants de moins de 3 ans afin de varier le régime alimentaire (fer, vitamines, protéine, etc...) et introduire des aliments d'un haut apport calorique.

4. Raffiner une stratégie de communication nutritionnelle qui pourrait servir de modèle pour le Programme National de Lutte Contre l'Avitaminose A et pour d'autres programmes de nutrition.

Public cible

Les bénéficiaires seront les deux groupes qui courent le plus grand risque de souffrir de carence en vitamine A (les enfants de 6 mois à 6 ans et les femmes allaitantes et enceintes). Les publics ciblés pour améliorer l'état nutritionnel de ces deux groupes de population sont :

1. Chefs traditionnels et autorités administratives
2. Chefs de famille et pères
3. Femmes
4. Jardiners de contre saison
5. Elèves.

Comportements

Voir Annexe A.

Canaux de communication

Le comité technique a élaboré une liste de canaux de communication pour chaque groupe cible. L'intention et de les mettre en marche progressivement pendant la durée du projet. (Voir Annexe B pour la liste complète). Pour démarrer l'approche "mixed-media" les médias suivants seront élaborer :

-- Briefings pour les Leaders
administratifs
traditionnels

-- Support pour :
Agents de vulgarisation de base (AVB)
Personnel de santé (infirmiers)
Enseignants
Marchands

-- Radio (enregistrement théatre villageois)

-- Encadrement/Théatre Villageois

-- Bandes Dessinées pour Elèves

Formation

La formation sera plannifier en coordination avec HKI et les autres projets dans la region (tel que le "Quality Assureance Projet" de USAID et le Projet Bouza). HKI, par example, prevoi la formation des enseignats au moi de Septembre.

Zone d'intervention

Le projet continuera dans le Département de Tahoua avec une extension à une population de 250 000. Cela représente à peu près 120 = 150 villages (y compris les 16 villages du mini-projet). HKI et le MSP resteront les partenaires principaux.

A. Partenaires et Repartition des villages

Afin d'éviter les problèmes de suivi et supervision qui se sont posés au cours du mini-projet, la phase d'extension sera réalisée en étroite collaboration avec des autres projets déjà sur place qui travaillent dans le domaine de nutrition ou production contre saison. Un projet de communication réalisé en collaboration avec un projet de développement plus élargis peut avoir le maximum d'impact. L'objectif est d'identifier au moins 60 villages situés dans la zone d'intervention d'autres projets qui ont leur propre encadrement et qui peuvent repondre aux besoins de la population (i.e. puits, semences).

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Les projets déjà identifiés incluent le projet HKI qui demarre début 1993 et couvre tous les arrondissements de Madaoua, Birni N'Konni, Illéla et Bouza (population : 102 000) ; le projet de Bouza (FAO) qui touche 6 villages (population environ 20 000) et avec qui des liens de collaboration ont été établis. Le projet Keita financé par l'Italie est une autre possibilité. L'identification d'autres partenaires sera faite en collaboration avec le DDS de Tahoua. (Une liste des organisations intervenant dans le domaine de la santé et de l'agriculture à Tahoua est à la disposition du Comité Technique).

B. Villages "Animation" et "Sensibilisation"

Il y aurait deux classes de villages : Animation et Sensibilisation. Les villages Animations auront des interventions plus intenses au niveau de la communauté avec théatre villageois animé par des encadreurs. Vue la nécessité d'un suivi intensif et encadrement sur place, les villages "Animation" seront créer seulement là où d'autres projets --comme celui de Bouza-- interviennent avec les structures nécessaires.

Au maximum le comité pense pouvoir soutenir 60 villages Animation.
Ils seront repartis : 16-30 avec HKI (inclus les 16 du mini-projet)
30-45 avec nouveau projet partenaire.

C. Critères pour choisir des villages

1. Population de 1 500 habitants ou plus
2. Disponibilité d'aliments riches en vitamine A (jardins ou marché où les produits sont vendus).
3. Encadrement au village (enseignement, AVB, MSP seulement si bien motivé).
4. Motivation
5. Accessibilité
6. Proximité des villages les uns des autres.

<u>Coordination Locale</u>

L'Evaluation a souligné l'importance d'avoir une coordination locale à Tahoua. Un des objectifs de la visite à Tahoua sera d'identifié un responsable en consultation avec le DDS. Le responsalle ainsi nommé s'occupera de la liaison avec Niamey et avec les arrondissements/cantons participant au projet. Le coordinateur local aussi sera responsable de suivi et coordination des activitiés.

<u>Coordination au Niveau National</u>

Le Comité Tehnique continuera à assurer la coordination et l'exécution du Projet. Dans cette tâche le Comité recevra l'appui administratif de HKI et un appui technique en matière de Vitamine A.

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HKI désignera un responsable pour suivre le projet, et cette personne continuera à faire partie du Comité Technique.

Plan d'Action pour les Prochains 3 Mois

1. Visite à Tahoua (Période : 21-30 Janvier)
   Responsable : Mme Mohamed

   Objectifs

   -- Présentation du projet
   -- Choix final des arrondissements, projets-partenaires
   -- Identification des villages
   -- Programmation de la réunion de sensibilisation sur le projet pour les autorités administratives (Départements, Arrondissements, Cantons, etc...), aspects des projets/techniques.
   -- Contact après le personnel de la Radio à Tahoua pour l'enregistrement des pièces théatrales (correspondant à la radio du MSP et de l'Agriculture).

   Les préparatifs pour ce voyage :

   -- Résumer des réunions préparatoires (Habou Kalla)
   -- Copie de l'évaluation du mini-projet
   -- Collecte de statistique sur la région (démographie, radio, structures, personnel du MSP, Agriculture, etc...).

2. Elaboration du Plan d'Action
   Responsable : Aissa (+ Comité)
   dates : Fin Février

3. Préparation matériel de support
   Responsable : Habou (+ Aissa, + Comité)
   dates : Janvier-Mai
   Voir Plan d'Action (Annexe C)

4. Revue et synopsis des pièces de théatre enregistrées au cours de la formation et aux villages
   Responsable : Mme Mohammed

5. Radio : Enregistrement pièce de théatre villageois
   Responsable : BIntou
   dates : Février-Mai

6. Réunion de sensibilisation à Tahoua
   Responsable :
   dates : Avril

7. Sous-stratégie Agriculture
   Responsable :
   dates : Avril

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APPENDIX D

TARGET BEHAVIORS

CIBLE : JARDINIER DE CONTRE SAISON

Comportement 1 : Semer les grains de feuilles sauvages tel que rukubu (amaranthe), lalo (corète) etc.. dans les jardins comme pour la culture de la salade.

a) Rotation de semence pour étendre la période de récolte.
b) Rammasser et garder des grains sauvages de feuilles vertes.

Comportement 2 : Cultiver 2 recoltes de feuille (au lieu d'une de haricots (feuilles), d'oseille et d'autres Feuilles déjà cultiver en contre saison

Comportement 3 : Planter, arroser le Tamaka pendant la contre saison

Obstacles pour N° 1 et 2 : Concurrence avec l'oignon (espace, temps, rendement économique)

Avantages : Moins d'argent dépensé pour les enfants malades; marché pour les feuilles vertes.

<u>Note pour l'élaboration de matériel</u>: Matériel éducationnel devrait être codé selon la saison pour faciliter l'emploi par les agents agricoles.

<u>Note pour la recherche</u> : Voir les nécessités de point de vue
1. Semences, engrais; et pour les feuilles traditionnelles.
2. S'il faudrait des nouvelles techniques agricoles pour les jardiniers qui plantent des feuilles sauvages ;
3. Disponibilité de semence/pépinière pour Tamaka (?).

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CIBLE : LEADERS

Comportement 1 : Encourager les comportements visés.

Comportement 2 : Donner de légitimation à la notion que les femmes enceintes/allaitantes et les jeunes enfants nécessite une alimentation variée qui doit comprendre : foie, feuilles vertes, mangues et autres légumes/fruits.

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CIBLE : ELEVES - ECOLE PRIMAIRE

Comportement 1 : Passer les messages aux parents.

Comportement 2 : Aider à la cueillette des feuilles vertes pour la famille

Comportement 3 : Aider à superviser l'alimentation des enfants de 6-24 mois pendant les repas.

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CIBLE : FEMMES ENCEINTES/ALLAITANTES MERE D'ENFANTS

Comportement 1 : Femmes enceintes/allaitantes et enfants (6 mois-6 ans) mangent au moins un aliment riche en Vitamine A chaque jour selon la saison.

- Feuilles vertes (surtout Kopto)
- Mangue
- Courges

Plus spécifiquement :

Mi-mai mi-Août

A. Femmes et enfants (6 mois-6 ans) mangent kopto 3-4 fois par semaine

B. Femmes et enfants mangent sauce à base de feuilles vertes fraîches plusieurs fois par semaine (objectif est d'augmenter la fréquence et aussi la quantité consommée)

C. Mères/gardiennes d'enfants s'assurent que les enfants commence à manger la sauce à base de feuilles vertes dès l'âge de 6 mois ;

Novembre - Février

D. Femmes et enfants mangent les courges.
Points pour la recherche: (en quel forme ? Comment peut-on donner des courges aux enfants de 6 - 18 mois ?).

Avril - Août

E. Femmes/enfants mangent des mangues aussi souvent que possible.

F. Favoriser les jeunes enfants (6-18 mois) pour les mangues qu'ils peuvent manger en petit morceaux coupées ou écrasées.

Décembre-Mai

G. Femmes et enfants mangent 50 F de foie par semaine toute l'année mais surtout pendant cette période quand il n'y a d'autres sources d'aliments riches en Vitamine A.

H. Mère donne du foie à ses enfants à partir de 6 mois
Recherche: Méthode de préparation du foie grillé pour que ça soit consommer par les enfants à partir de 6 mois.

Note : Les mangues coûtent chères (... p. 16 10-15 F CFA) par conséquent peut-être insister sur leur consommation par les enfants/bébé à partir de 6 mois qui auront des difficultés à manger des feuilles tous les jours.

CIBLE : HOMMES (PERES ET CHEFS DE FAMILLE)

Comportement 1 : Acheter environ 50 F foie par semaine pour la femme (d'habitude le foie est déjà grillé au marché et s'achète en petits morceaux) ; les (50 F ont été calculés pour satisfaire les 75% des besoins d'une femme et 2 enfants).

Comportement 2 : Acheter des friandises aux enfants entre les repas (surtout à ceux de 6 à 24 mois) tous les jours quand c'est possible.
(Toutes les friandises apportent des calories et beaucoup d'entre elles aussi augmentent les micronutriments et les protéines. Les friandises à promouvoir incluent : haricots, yamacé, kopto, fruits de saison (mangue etc..), kouli-kouli (beignets), kossey etc...

Comportement 3 : Donner de l'argent à la femme pour acheter des feuilles vertes pour la sauce.

Note : Etudier pour la recherche
- Comment le foie que l'on achète grillé au marché peut être transformé (maché ?) pour qu'on puisse le donner aux enfants de 6 à 12 mois.
- Pouvoir d'achat pour les friandises ? Prix des friandises?.

APPENDIX E

TARIFS FOR RADIO TIME

PUBLICITE à TELE-SAHEL

Comment s'y prendre ?

Vous prenez rendez-vous avec le responsable du service commercial en téléphonant au 72.22.12.

Vous évaluez ensemble le nombre de passages de votre spot publicitaire à l'antenne ainsi que les jours et les heures de diffusion qui vous sont les plus favorables.

Vous signez votre contrat.

Un spécialiste vient vous voir pour déterminer avec vous ce que devra contenir votre spot en fonction de vos objectifs.

Quelques jours plus tard, il vous soumet plusieurs propositions de scénarios et vous choisissez celle qui vous satisfait.

Un réalisateur de la télévision filme votre spot (en votre présence si vous le souhaitez).

Ce réalisateur vous invite à venir voir ce qu'il a réalisé pour vous. Si vous n'êtes pas entièrement satisfait, vous lui indiquez les modifications que vous souhaitez.

Lorsque vous êtes satisfait, vous signez un "bon à diffuser".

Votre spot passe aux heures et jours prévus sur les antennes de la télévision.

TEMOIGNAGES

"Grâce à la télévision et la radio, j'ai pu faire connaître très vite mes nouveaux produits et les commandes ont afflué." (ETS. ALI MOSSI)

"La publicité nous a permis d'augmenter nos ventes." (ETS. HIMA SOULEY)

"La radio, ça coûte cher mais ça rapporte gros."

(LOTERIE NATIONALE DU NIGER)

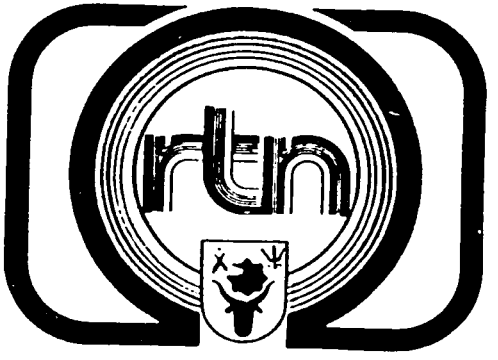
"La publicité fait mieux connaître nos promotions, nos tarifs et nos horaires à travers tout le pays." (AIR AFRIQUE)

"Entre celui qui fait de la publicité et celui qui n'en fait pas, c'est toujours celui qui en fait qui finit par gagner." (BRANIGER)

"Nous sommes très satisfaits de nos relations avec le service Commercial de l'O.R.T.N."

(U.G.A.N. ET BIMEX)

Pour faire connaître et vendre vos produits



L'Office de Radiodiffusion et Télévision du Niger
BP 309 Niamey
Tél 72.24.08
Télex : RadioNig 5229 NI
FAX 72 35 48

TELE SAHEL

TEL. 72.31.53/72.31.54

TELEVISEURS	:	155.000
TELESPECTATEURS	:	2.325.000
AUDIENCE	:	75% (PRIME TIME)
COUVERTURE	:	90% POPULATION
DIFFUSION	:	1560 HEURES/AN
NORME	:	Secam K1

VOIX DU SAHEL

TEL. 72. 22. 72 / 72. 32. 72

POSTES DE RADIO	:	700.000
AUDITEURS	:	3 A 6 MILLIONS
COUVERTURE	:	ENSEMBLE DU PAYS
DIFFUSION	:	6292 HEURES/AN

(deux chaînes diffusent simultanément)

ONDES COURTES, ONDES MOYENNES ET F.M.

Realisation (F) 80.350 Fcf.
2 Langues - (F+1) 92.500 Total 1 min
Langues. (3L.) 103.750

TARIFS DE TELE SAHEL

Tarif. Sociaux à discuter 179 F

PUBLICITE

Avant et après les actualités :

30 SECONDES : 55.000 FRANCS
45 SECONDES : 80.000 FRANCS
60 SECONDES : 100.000 FRANCS

Les autres Programmes :

30 SECONDES : 30.000 FRANCS
60 SECONDES : 60.000 FRANCS

Couverture seminaire (le chapiteau, restaurant, voiture) journal. 3min

SPONSORISATION

50.000 Total — 1 ouverture 189.000 F
clôture 189.000 F

TARIF VARIABLE EN FONCTION DU COUT DE L'EMISSION

COPIE CASSETTE VIDEO

(CASSETTE FOURNIE PAR LE CLIENT)
VARIETES, THEATRE, FILM : 6.000 F/HEURE
CHANTS, BALLETS NATIONAUX: 3.000F/HEURE

REPORTAGES PRIVES (SANS DIFFUSION)

MARIAGE, BAPTEME...: 100.000 FRANCS/JOUR

(MATERIEL ET TECHNICIENS FOURNIS)

Diffusion 1.450.000 heure
900.000 45min
500.000 30min
250.000 15min

Le service commercial de l'ORTN
BP. 309 Niamey
Tél 72.22.12

Realisation tarifaire 250.000.

IAGN Tel 73.39 79

Français, Arabe, Haussa,

TARIFS VOIX DU SAHEL

Realisation 347500 — 1min
(Langues) 112.500 — 1min.
3 Langues 337.750 1min.

PUBLICITE

Avant ou après les actualités (13 h et 19h30)

	30 SECONDES	60 SECONDES
PRODUITS IMPORTES	8.000 F	11.000 F
PRODUITS LOCAUX	6.500 F	9.000 F

Les autres PROGRAMMES :

	30 SECONDES	60 SECONDES
PRODUITS IMPORTES	5.500 F	8.500 F
PRODUITS LOCAUX	4.500 F	7.000 F

SPONSORISATION

30 minute 170.000

De 20.000 F à 80.000 F (selon audience)

EMISSIONS PATRONNEES

30 6 à 10 MINUTES (DONT 1 DE PUB : 8.000 F

AVIS ET COMMUNIQUES

MARIAGE :	3.000 francs
NAISSANCE :	3.000 francs
DECES :	1.000 francs

COPIE DE CASSETTE AUDIO

CASSETTE FOURNIE PAR LE CLIENT : 1.000F/HEURE

LOCATION DE MATERIEL

1 AMPLI ET 1 HAUT-PARLEUR: 15.000F/JOUR.
Sono: 75.000/jour (radio/jour)